

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	2/16/01
FORMALITY REVIEW	ft	932	03-05-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

☒ Rejected N  
☐ Allowed I  
☐ (Through numeral) Canceled A  
☐ Restricted O

Non-elected  
 Interference  
 Appeal  
 Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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ft 03/01